western District of washington united States District court At tacoma

MAHLAN R. RUTH

Plaintiff,

1/,

Patrick Blebe, et al....

Defendants.

SUPPLEMENTAL COMPLAINT
PLEASE ADD to AMPLIED

EMPLAINT; SUPPLEMENTAL

MOTALSNEY, DALNE, AND

TRO TO GET ME AUT OF

THIS EACHIPHY DECAUSE MY

LIFE IS IN JANGER AND INITE

IN December when INIU And Magreet Gilbert Placed

Me on the No Pon, No Paper, and No Rook Mestrictions, INIU threatened

My life over the nam sust and nighted Lindsey incident. They threatened

To "Busy me!" I am scared for my life and never want to talk

to these People. I spoke to peristing a Hain yesterday on

My co clave that I would be Pacifly out Friday 3-25-16.

Page one of seven

Case 2:14-cv-01388-BHS-DWC. Document 73 Filed 03/24/16 Page 2 of 17 Wednesday 3-23-16 the GOS Came IN the Pad AND ANN owned that EDIN wanted to talk to an lumpte a Few haves down. That Inmate began protesting, It am Not Specifing to them." He whole Pod began screaming 1) Don't swith, Do Not you to few minutes 14ther the Officers came back and Apologized to the lumate they said they had the Wavy herse, the whate stated - " youngers scared me," The reason is talking to INI is surgerous to an inmeter physical Well being other oftenders will Stab, seat of, etc.... INMATES who talk to INIS MIS ans a play by I DIO To make that oftender puck bad so that when he goes To closed custody he gets hust.

Well, the Clo's came to My have #8-10 And told Me in Frant of the whole Pad, Right after leading that Inhales house with the Apology, "Ruth I des mants to talk to fail The whole RB Pod WENT NAS, SCREGMINY "TO NOT 90" Work SNITCH! II Take the wrote up!

I refused to steak to them were because they Threatene) by 11 fe by I am scared to be close with

Page Town of SEXEN

Them case/enanov-0x388-BHS-DWGADOFHMENT 73, Filed 03/24/16 Page 3 of 1/

a NITURES with Me So that thep down try to Bury me.

the Clo's Sand that I KI Sand with is now negotiable!

I told the cos' I tear for my safety know do not want to go, I but can come Talk to me in the Pad so everywee can hear AND see what happens.

This Matning c/o crave delivered mp E-tiling legal mail, co die was with Hom. c/o crave taid me Pulled sow aff the Pack-out 11st, year Net rearnage The as crave of NA NA want to talk to them?"

The as crave old NA know, I asked are they going to me sent to walla-nella?" clo crave sold in Maybe!

Jet me Hurt in cicsed custody, Jain in scal is out of wid control. They count comes had also their roman I need this court to order me at at their families.

page three of soven

Re Case 2:14 cv-01388-BH\$-DWC, Document 73 Filed 03/24/16 Page 4 of 11 Retaliating against me, Doc Pally 300.380 States That Orympla's FINAL DECISION ON CHISSIFICATION is Not appealable. So IS-I and somebody IN of ymply are breaking the Law to Retailake afallst Me, Ms. Kaln, and my ramily, there is Nobody To Hold these Pearle accountable, they do what ever they want. I am begging this court to Step in and get me out at here, out at this crooked, DIPTY, Law breaking Racility. I am already pluglized for callym-Bay And and Suppossed to PACK out FRIday AND Leave Monday. Alease Help me, FILI Is Trying to do Something crossy, the crosh and others Sald they have never seen this Refore. Please Add this crain to my compains.

Well Not even process my strengues anymore.

page Fair of SEDEN

Case 2:14-cv-01388-BHS-DWC Document 73 Filed U3/24/10 rage ...

Process the greener. EthIBIT71. I have groved her 9/50 but the ornerance disapreared.

They are saying I can only have 5 Erlevances IN at a time. This means that There clos can AND IDIU can AND the other Staff COMMIT Retallation and Active Wherfernce a) the Impunity. This Is woonstandough, the application of that Policy cannot with Stand constitutions Muster because it devies me onexque process. Those grouped are Not ier Volous.

The c10 they call AIF AND clo AND May Jost came to my dark AND SAND that when I LIN nank To talk to you dud you don't go talk to them, They will FUCK YOUT WOTH UP," THIS IS UNCONSTITUTIONAL, there Is No Law, or Polly that States I brue to tall to then, especially, when my 11to 15 IN Danger from them.

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How Gan they Intentionally hist me at at wager

Decause I don't want to At My /Ite IN

Danger In two ways? one, Talling to the dives

who threatened to Arry me; two, Talking to them And

getting Labeled a SNITCH and RISK getting Stabled

AND Beat UP. FRIU IS and at canter but needs

To be regulated, Back To Ms. Mctarsney Ald D. Dahne, Exhibit 72 Devied to accept my APPEAL over the soft martinez incount stealing my magazines He states I can only have I Active go revalues, the Afterl is from an already active LI grounding, He is a ligh. Eth/BIT 73 is the graques about S. Sullyan and J. Thorrson Jenjing me access to the courts. EXHIBIT 74 IS OVER 3. SUNIVAN NOT PATHOLPHONY IN MY PRMT Because she is trying to get me soit to wally wall a out of Retainablan. Staff Miscanswith is sellars.

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But as this court can see this Eachlity will Not Access It. I was Just told agaIN By the Same clos that ISIU 15 trying to gake me a Program Now, which means I stay in sag, for 6-Manth 5 to 2-lears Just for Not tallang to them, I need this court to intervene immediately FOIU 15 Olity AND WILL do what ever it takes To the st me. Remember today is thursday and \* was kereally folialized for callam-Bay by olympia, Dalary at FM day and leating marry. E was painting out the 25th and leaving the 28th. Now IDIN out of Refallation 95 Thingto got me sont to wallandly,

Please had these cigins to my amonded complaint AND Theo. Please and these exhibits to my amonded complaint. Please grant my the AND get me as of this racility away. Them INIU AND the other detendants.

Restectivily submitted, This 24th Day OF March, 2016 Page Seven of Seven

X MM & Roth 879492

Case 2:14-cv-01388-BHS-DWC Document 73 Filed 03/24/16 Page 8 of 17

EXAIDILA 21

16606824

|            | Department of    |
|------------|------------------|
|            | Corrections      |
| <b>西州等</b> | WASHINGTON STATE |

|           | LOG I | D. N     | UM | BE | R  |
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|   |  |   |                                   |                              |             | LOG I.D. N   |  |
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| Depa                                    | artment of                               | OFFE  | EVIDE                             | DOC                          |             | 16600  | 024  |
| Corre                                   | ctions                                   | 0111  |                                   | IN CC                        | JP Y        |  |  |
|   |  |   |                                   |                              | 1           | OFFEND   | ER COMPLAINT   |
| CHECK ONE:                              | ☑ Initial                                | ☐ Emergency                                   | App                               |                              | ☐ Rewrit    |  |  |
| was involved or w                       | hich policy/proced:                      | ure is being grieved                          | <ol> <li>Be as brief a</li> </ol> | s possible, but              | t include t | what happened, when<br>he necessary facts. It<br>by the Coordinator, C | Jse only one   |
| employee to repor<br>appropriate Depar  | rt an emergency sit<br>rtment employee(s | tuation or to initiate<br>) before pursuing a | an emergency<br>grievance.        | complaint. Pl                | lease atte  | mpt to resolve all com   | plaints through the  |
| respor                                  | ise. Include log ID                      | # on rewrite or res                           | sponse being a                    | ppealed.                     |             | filed within <u>5 working</u>  | days of receiving the  |
| Last Name                               | Mathew                                   | Mide  | dle                               | DOC Numb                     |             | Facility/Office  | Unit/Cell  |
| PUTA                                    |  |   | Statution Inc.                    | 8794                         |             |  | F15-10   |
| Program, Departn                        | nent of Corrections                      | P.O. Box 41129,                               | Olympia WA 98                     | 3504-1129.                   |             |  | <b>的位置主义和共和</b> 。  |
| MAILING ADDRE                           |  | P.O.BOX                                       |                                   | <b>金额船上</b> 车                | <b>外操</b>   | ZIP CODE   | <b>的</b> 有于一个主意和   |
| COMPLAINT:                              | Dahne                                    | - LUS CON                                     | HINNEY                            | to do                        | y M         | e Brieran  | Process  |
| I hake                                  | 1 1/1/m 1 0 Max                          | J 13/10 4 1                                   | ct 1 /// 14                       | 111111111111                 | / · N / »   | 1/22.12  | . 1 1  |
| 14/1/20                                 | ((2010)                                  | 210-61  | 1 /2 /2                           | 711040                       |             | TON From A   | IM Stables   |
| need my                                 | Jeas noes,                               | Verlfy M                                      | 4 sea. 18                         | NPS and                      | ) Ret       | 11/12/01/20 1/2  | 14 & call<br>14 Me Gerase<br>1150 Receive)   |
| his Name                                | 15 on the                                | Amended co                                    | EMPLAIN)                          | 35 Not                       | GN EN       | ergenas agen   | "If me because   |
| TOUG Gries                              | Varies Dall                              | R 166063                                      | = 2 R                             | 16606 50                     | 13 6        | ergeny, 5 or   | 1150 Recelye)  |
| Wrang FOR                               | cm. that is                              | the form                                      | the Flo                           | 109the                       | State       | 15 they are  | on the   |
| SUGGESTED                               | Ne Gro                                   | L SUSVEY O.                                   | 9hNe-to                           | - Devy                       | My The      | rrung simil of the ser or          | RECLESS!   |
| The Ret 47/16                           | ATTION AND A                             | the my  | 1111                              | 017090                       | 1000        | J. 411000,00   | 10,00 705  |
| IMERTER                                 | ience.                                   |   | Mandatory                         | MANY<br>Signature            | 2/0         | har  | 3-19-16<br>Date  |
|   | OORDINATOR'S                             |   |                                   | Facility/Office              | ٦. ㅜ        | Mu Date Recei  | ved<br>ZIIII O   |
| Your complaint is<br>It is not a griev  | being retumed bed<br>able issue.         | cause:  | . [                               | ****                         | aint was r  | esolved informally.  |  |
|   | to withdraw the co                       | mplaint.                                      |                                   |                              |             | n and/or rewriting nee   | , ,  |
| You failed to re                        | espond to callout (s                     | sheet) on                                     |                                   |                              |             | ing days or by:  | Y 2004   |
| Administrativel                         |  | ***************************************       |                                   | ☐ No rewrite ☐ Sent to       |             | (facility) on  | (date).  |
| ☐ The formal grie                       | vance/appeal pap                         | erwork is being pre                           | pared.                            | TT SAULTO                    | -           | _ (lacility) off   | (uate).  |
| EXPLANATION:                            |  |   |                                   |                              |             |  |  |
|   | You are allowed<br>have 5 active grieva  | and currently                                 |                                   | 3/15 and 3/                  |             |  |  |
|   | 16606819, 16606                          | 816, 16606821,                                |                                   | 9 complaints<br>., 16606819, |             |  |  |
|   | and 1660                                 | 06091.  |                                   | l, 16606830,:                |             |  |  |
|   | addition you may on<br>during any cala   | ly file 5 complaints                          |                                   | 06825, 1660                  | 1           |  | The second secon |
|   |  | der Week.                                     |                                   | and 1660682                  | i           |  |  |
| Aug a                                   | * AND \$ AND \$ 10 P                     |   |                                   | No                           |             |  |  |
| Coordinator's Name                      | (print)<br>McTarsnov                     | CCII  | Coordinator's 8                   | -                            | nca         | arany  | Jaallo   |
| 200000000000000000000000000000000000000 | - Tree of the orth south south south     | @ # B   |                                   | -                            |             | mandinin   | 0 000 ppo 400  |

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EXHXBIT 72 16604542

| Æ |                           |  |
|---|---------------------------|--|
|   | Department of Corrections |  |

## OFFENDER COPY LOG I.D. NUMBER

| Department of  |   |     |
|--|---|-----|
| & Corrections  |   |     |
| . /  | OFFENDER COMPLAIN   | NT  |
| CHECK ONE: Initial Emergency   | Appeal Rewrite  |     |
| RESIDENTIAL FACILITIES: Send completed form to the Grievi  | ance Coordinator. Explain what happened, when, where, and who                                     |     |
| was involved or which policy/procedure is being grieved. Be as brid  | ef as possible, but include the necessary facts. Use only one                                     |     |
| complaint form. A formal grievance begins on the date the typed g  | ievance forms are signed by the Coordinator. Contact a Departmen                                  | nt  |
| employee to report an emergency situation or to initiate an emergency appropriate Department employee(s) before pursuing a grievance.  | ncy complaint. Please attempt to resolve all complaints through the                               | ţ   |
|  | ncident. Appeals must be filed within 5 working days of receiving th                              |     |
| response. Include log ID # on rewrite or response being  | pappealed.  | 10  |
| Last Name First Middle   | DOC Number Facility/Office Unit/Cell  |     |
| RUTA MAHLANI R.  | 879492 SCCC FB-10   |     |
| COMMUNITY SUPERIVISION: Send completed copies of this for  |   |     |
| Program Department of Corrections, P.O. Box 41/129; Olympia WA   | 98504-1129.   |     |
| MAILING ADDRESS: STREET OR PO. BOX CIT   | Y STATE ZIP CODE TELEPHONE  |     |
| 0 11/2/ 100 0  |   |     |
| COMPLAINT: I Provided 100 SPATON R   | eport that projes the magazin   | PS  |
| Went to SgT. hartwez for Sg  | 7. Review. That means the pro   | PH) |
|  |   |     |
| he personally Agrid delivered  | My magazines, three Bracks  | 35  |
| etc le is a LIAR. Ae h   | 11 - 1VI MILL DO BROWN  | 11) |
| The state of the s | as Stole my proferty before   | W   |
| DND - are solved HW LEL 1+   |   |     |
| The state of the s | WATE TIONSTAILED AND IL   | /   |
| SUGGESTED BEMEDY: AND LOS GAR. ?   | my Romedy Can be met. which Sot,  | /   |
|  |   | د.  |
| Same Remed/ Plus Fire M.   | artinez Fort Stealing my property   | 1/  |
|  |   | 1   |
| Mandator   |   | _   |
|  | Signature Date  | _   |
| GRIEVANCE COORDINATOR'S RESPONSE   | Faeility/Office Turn Date Regeived  |     |
| Your complaint is being returned because:  | SCCC Imu 3/21/10  |     |
| It is not a grievable issue.   | The complaint was resolved informally.  |     |
| <ul> <li>☐ You requested to withdraw the complaint.</li> <li>☐ You failed to respond to callout (sheet) on</li> </ul>  | Additional information and/or rewriting needed. (See below.)  Return within 5 working days or by: |     |
| Administratively Withdrawn   | ☐ No rewrite received   |     |
| ☐ The formal grievance/appeal paperwork is being prepared.   | Sent to (facility) on (date).   |     |
| n ) 1  | (water,   | _   |
| EXPLANATION: [Appeal not accepted  | · No  |     |
| You are allowed and currently Between 3/15 and 3 |   |     |
| 16606819, 16606816, 16606814 you filed 5 complaints  |   |     |
| and 16605091. 16606821, 16606819, in addition you may only file 5 complaints 16606814, 16606830,   |   |     |
| during any calander week. 16606825, 16606  |   |     |
| and 1660682  |   |     |
| Coordinator's  |   |     |
| Coordinator's  |   |     |
|  | 332114  | 0   |

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EXHIBH
73

| 6.0 | Case 2.14  | 6V501888-BHB          | -BWE Doctin  | hent 73) Filed 03/2   | 24/16 Salger 13                                  | of atallatio      | ( <u>I)</u>                             |
|-----|--|-----------------------|--|---|--|-------------------|---|
|     |  |                       |  | emergency   | LOG I.   | D. NUMBER         |   |
|     | Department of Corrections  | 61100                 | 100 000  | What a send   | 11doclo  | 2825              |   |
|     |  | Y E ENTENDE           | ERICE  | DW ZSON   | OFFENDE  | R COMPLA          | iNT                                     |
|     |  | ~/ /                  |  |   | =3 4-12  | / ~~              | (3)                                     |
|     | CHECK ONE: Initia  | V.                    |  | THE STATE SHOWING THE PARTY OF |  | · U               |   |
|     | was involved or which policy/  | procedure is being of | grieved. Be as brief   | as possible, but include t  | he necessary facts.                              | Use only one      |   |
|     | complaint form. A formal grid<br>employee to report an emerg   | ency situation or to  | initiate an emergend   | evance forms are signed l<br>cy complaint. Please atte  | by the Coordinator.  C<br>mpt to resolve all com | Contact a Departr | nent<br>the                             |
|     | appropriate Department emp<br>NOTE: Complaints must  |                       |  | cident. Appeals must be   | filed within 5 working                           | days of receiving | the .                                   |
|     | response. Includ   | e log ID # on rewrite | or response being  | appealed.   |  | daya or receiving | , tite                                  |
|     | Last Name Firs   | 111                   | Middle   | DOC Number  | Facility/Office                                  | Unit/Cel          | 1                                       |
|     | ,  | Hh eN                 | <i>K</i> .   | 87949-2   | 8000   | F8-10             | CC WAS S                                |
|     | COMMUNITY SUPERVIS Program, Department of Corr   | rections, P.O. Box 4  | ed copies of this for<br>1129: Olympia WA  | m directly to: Grievance F<br>98504-1129  | 'rogram Manager, ⊙ff                             | ender Grievance   |   |
|     | MAILING ADDRESS: STRI  | EET OR P.O. BÖX       | CITY   | STATE   | ZIP CODE (+)(4)                                  | TELEPHONE         | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|     |  |                       | 11/1/1/2   |   |  | n. 1 1            | \$7.5 E                                 |
|     | COMPLAINT: CONS  | J NU AV               | ran sh   | etaliating of   | gar Not Mas                                      | - And so          | 4 Hen                                   |
|     | INTERFERENCE NIL   | n vy occ              | ess to the   | -curts wece   | rise I 9   | M CUMPA           | 411                                     |
|     | SUP 594. SU  | MI MONITIC            | in the Pro   | PORY/MAIL   | Rogm, And  | Pecasse           | 2/                                      |
|     | UT MY ()162  | - F 9CC SOU           | Crostry,   | SULLIVAN ROF  | yeed to Sens                                     | WA MY 1           | can                                     |
| MAI | TO MINGEN I HU   | Ve Need               | Pe// NW/   | 2901_ MA  | 1 Sent   | CULL CI           | 2/5-                                    |
|     | 5-6-16. Waso   | ody will ser          | vd it for  | -Me-1 or n  | MHO ME   | 10/12             | 20                                      |
|     | Company Ser Ma   | 11/0-1/1/2            | 1 THE IS IN  | ALL AMARIE  | and Ma   | 1 1               | 1                                       |
|     | Prove It. I  | Near M                | 19001  | CAPIES 1.   | 1 1 0 0000                                       | COURT +           | 0                                       |
|     | SUGGESTED REMEDI   | EBEEN W               | niting 5   | INCE 3-6-10   | o vegal  | Mails             | ONH                                     |
|     | \$100,000 Fc   | - Retallat            | - Trust BALL   | active in the r   | * SUITINGU RE                                    | tuses to the      | ell M                                   |
|     | \$100,000 For  | Vd CA My              | 6 991 M  | 11 - And give   | - WE COPI  | e - COUNS         | ,0108                                   |
|     |  | ,                     | Mandatory  | ann IA  |  | 3-17-16           |   |
|     |  |                       | TARLE TO THE TARLE THE TAR | Sighature ;   |  | Date              |   |
|     | GRIEVANCE COORDINA<br>Your complaint is being return   |                       | E  | Eachity/Office In   | Date Recei                                       | ved               |   |
|     | ☐ It is not a grievable issue.   |                       |  | The complaint was r   |  | ,                 |   |
|     | ☐ You requested to withdraw ☐ You failed to respond to ca  | •                     |  | Additional information  | on and/or rewriting nee<br>ling days or by:      |                   | N.)                                     |
|     | Administratively Withdraw  | , ,                   |  | ☐ No rewrite received   |  |                   |   |
|     | ☐ The formal grievance/app   | eal paperwork is bei  | ng prepared.   | Sent to   | (facility) on                                    | (date).           |   |
|     | EXPLANATION: 27.   | CASEY RO              | AENED ON   | 3/17/16 AT 17   | Dalites. No                                      | Communicati       | 702                                     |
|     | WAS MADE WITH FE   | 000 STAFF UP          | BOOTH WILL C   | OUNSFLOR WAS OFF  |  |                   |   |
|     | INSTIAL GRIDVANCE  | - Clar                |  | owed and currently<br>grievances: 16606821,   | Between 3/15 and                                 | d 3/18/2016       |   |
|     |  |                       | 16606819, 1  | .6606816, 16606814  | you filed 9 complai<br>16606821, 1660683         | Intsto include    |   |
|     |  |                       |  | 16606091.   | 16606814, 166068                                 | 30,16606828,      |   |
|     | et and the second secon |                       |  | y calander week.  | 16606825, 16                                     | 606824            |   |
|     | Coordinator's Name (print)   | CSIII                 |  |   | and 16606  | 2823              | 110                                     |
|     |  |                       |  |   | DOC 310.10                                       | 0. DOC 550 100    | $\psi$                                  |
|     | D. Danne DOC 05-165 Front (Rev. 02/14/1  |                       |  |   | DOC 310,10                                       | <b>       </b>    | 6                                       |

| Case 2:14-cv-01388   | EHS BWOLDOETING   | Me73+ Filled 108/2                                 | 24/16 Page 14                             | of 17                 |
|--|---|--|---|-----------------------|
| Belve e  | It my legge ma,   | IL 15 NOT  | LOG I.                                    | D. NUMBER             |
| A Corrections She  | sald 1+ 15 6  | Mergenery  | 110000                                    | 0830                  |
| WASHINGTON STATE   | OFFEN   | <b>密度数 CC</b>                                      | POFFENDE                                  | R COMPLAINT           |
| CHECK ONE:   Initial   | Emergency Appe  | A LINEAR COURSE OF THE PARTY OF                    |   |                       |
| RESIDENTIAL FACILITIES: Send co  | impleted form to the Grievance  | Coordinator, Explain                               | what happened, where                      | n, where, and who     |
| was involved or which policy/procedure i<br>complaint form. A formal grievance begi<br>employee to report an emergency situati   | s being grieved.  Be as brief as<br>ns on the date the typed grieva<br>on or to initiate an emergency ( | possible, but include t<br>ince forms are sloned b | he necessary facts. It                    | Jse only one          |
| appropriate Department employee(s) bet   | ore pursuing a grievance.   |  |   | -                     |
| response. Include log 1D# of   | in <u>20 working days</u> of the incid<br>n rewrite or response being app                               | pealed.  | Tiled Within <u>5 Working</u>             | days of receiving the |
| Last Name First  RVH MAHHEN  | Middle  | DOC Number   | Facility/Office                           | Unit/Cell             |
|  |   | 879442   | SECC                                      | FB-10                 |
| COMMUNITY SUPERVISION: Send<br>Program, Department of Corrections, P.C   | completed copies of this form of the completed copies of this form of the complete was 985.             | directly to: Grievance P<br>304-1129               | rogram Manager, Off                       | ender Grievance       |
| MAILING ADDRESS: STREET OR P.C   | ). BOX CITY, S  | TATE   | ZIPCODE                                   | TELEPHONE             |
| COMPLAINT: J. Thompson   | I HE LAW CIBRAR   | Jan Refuse   | らたと                                       | Ne MV                 |
| MOTIONS +- RATI  | X/O COSTLO  | 2011 100 11  | 100 11/11/20 .                            | ./                    |
| To Look at my  | cust ordered o  | eadines  | that I ha                                 | e lu my               |
|  |   |  |   |                       |
| Sure my 3-21-12<br>dealine He 15   | Delles Man  | re15 met   | are my                                    | 9-25-16               |
| Jealine 4e 15,   | RETUSING ME   | - ACC165   | to the co                                 | erts                  |
| This 3-12-6 at with cansoler sulli   | ground 11:19.   | This Lapae   | uner to                                   | me yestorda.          |
| SUGGESTED REMEDY: X+   | FILES NEWS  | =9 TROR  | eady to go                                | J Need                |
|  | US AND EXHIBIT  |  | halle gure                                |                       |
| RPAY & AMPROED COMF  | CAINA RULINES   | 3/2/2/1/18   |   | verse on              |
| 3-25-K AND VERIFY MY   | detdlines Mandatory   | CIZAN R.   | 8   | 3-18-18               |
| - have IN my Advo.   |   | Signature  |   | Date                  |
| IAC 3 drugg SUSABUCHS, IMMINESAL   | tween 3/15 and 3/18/2016  |  | Date Recei                                | yed))Lo               |
| 16606819, 16606816, 16606814 YOU   | ı filed 9 complaintsto includ<br>06821, 16606819, 1660681   | •  | esolved informally.                       | uded (One halam)      |
| tana .   | 06814, 16606830,1660682   |  | n and/or rewriting nea<br>ing days or by: | ded. (See below.)     |
| during any calander week.  | 16606825, 16606824  | ) rewrite received                                 |   |                       |
|  | and 16606823  | ent to   | _ (facility) on                           | (date).               |
| EXPLANATION:   |   |  |   |                       |
| Per Grievance Cool   | dinator Dahn  | 10 This a  | bes not                                   | most                  |
| the Criteria for a   |   | rieupnce.  | File Thre                                 | rsh                   |
| Initial GrievANCE  | Chalets.  |  |   | ,                     |
| The state of the s |   | 3  | by no Hack                                |                       |
| The state of the s | 3.  | 118/16@11  | 560 e                                     |                       |
| Coordinator's Name (print)   | Coordinator's Sig   |  | ~(D 0                                     | Date                  |
| D. Danne CSIII   |   |  | )<br>DOD 040 40                           | 13/22/10              |



## OFFENDER COPY 10606823

|   | 1  |  |  |  | OFFEND   | ER COMPLAINT   |
|---|--|--|--|--|--|--|
| CHECK ONE:  | ☑ Initial  | ☐ Emergency  | ☐ Appe   | al 🗌 Rew   | rite   | 1  |
| was involved or which complaint form. A semployee to report appropriate Departs  NOTE: Compla | ich policy/proce<br>formal grievance<br>an emergency s<br>ment employee(<br><u>ints</u> must be file   | dure is being grieved.  begins on the date the ituation or to initiate ar s) before pursuing a gr d within 20 working da   | the Grievance Be as brief as e typed grievan n emergency crievance. vs of the incide                                   | Coordinator. Expla<br>possible, but includ<br>nce forms are signe<br>complaint. Please a<br>ent. Appeals must l  | in what happened, whe<br>e the necessary facts,<br>d by the Coordinator. C<br>ttempt to resolve all con<br>be filed within 5 working | Use only one<br>Contact a Department<br>nplaints through the             |
| respons   | se. Include log I  | D # on rewrite or respo  | onse being app   | pealed.  |  | 4  |
| Last Name<br>Ruナリ   | First<br>MAHLOW  | Middle<br>R,   |  | 879492_  | Facility/Office  | Unit/Cell FB-10  |
| Program, Departme<br>MAILING ADDRES   | ent of Correction<br>S. STREET O   | s, P.O. Box 41129; ©I<br>R.P.O. BOX  | ympia WA 985<br>CITY, S  | 0441129<br>FATE  |  | TELEPHÖNE  |
| MOTIONS FOR AND AND MONEY OF MONEY MOTION TO SUGGESTED F                                      | TRO  IT AIM AVA  PECHUSE S  STIVETIONS  ILSO INFORM  PENSON 3  PENSON A  REMEDY:  TODAY  TODA | ettpNStland, causelor sull Helted Alm A  Note Agnoral ned Alm Thyt rs IN my Han hersled to E- 21-16 23-25-1 LEPT My A  S-16. H 1000  | and and and involved and asked and asked and involved and involved and involved and and and and and and and and and an | POINTMENT OF MEDICAL PROBLEM A DEADLING MEDICAL POINT AND DATE OF MEDICAL PROBLEM AND PARTIES OF MEDICAL PROBLEM COMPAGES OF MEDICAL PROBLEM C | 10-01 2-21 1   | cause they in 3-18-18 a non seg ther early to file in 3-25-16 lines sure |
| You are allowe have 5 active grier 16606819, 1660 and 16 in addition you may                  | eing returned be ble issue.  o withdraw the common to callout withdrawn  | complaint. (sheet) on  perwork is being preparation of the prepa | 15 and 3/18/mplaintsto ir  | Additional information Return within 5 will No rewrite received Sent to  | Date Rece s resolved informally. ation and/or rewriting ne orking days or by:  (facility) on   | eded. (See below.)   |
| during any ca   | alander week.  |  | 25, 16606824<br>16606823   | 1  | 1  |  |
| Coordinator's Name (  | print)   |  | Coordinator's Sig  | gnature  | <b>3</b>   | 3/22//6  |
| (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 10 Sept. 10  |  |  |  |  | •  |

Case 2:14-cv-01388-BHS-DWC Document 73 Filed 03/24/16 Page 16 of 17

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16606 828



## OFFENDER COPY

LOGI.D. NUMBER

OFFENDER COMPLAINT

| CHECK ONE:                         | <u> </u>  |  | Appeal Re  | ewrite   |   |
|------------------------------------|---|--|--|--|---|
| complaint form. A employee to repo | which policy/procedure A formal grievance be int an emergency situe intment employee(s) b | completed form to the Griev is being grieved. Be as brights on the date the typed gitton or to initiate an emerge efore pursuing a grievance. Thin 20 working days of the  | ef as possible, but inclurievance forms are sign<br>ncy complaint. Please  | ude the necessary facts.<br>ned by the Coordinator. C<br>attempt to resolve all cor  | Use only one<br>Contact a Department<br>nplaints through the                      |
| respo                              | nse. Include log ID #   | on rewrite or response being   | g appealed.  | t be filed within <u>5 working</u>   | days of receiving the   |
| Last Name                          | First<br>MAHMEN   | Middle<br>R ,  | DOC Number 879492  | Facility/Office  | Unit/Gell   |
| Program, Depart                    | nent of Corrections, P  | d completed copies of this for Box 41129, Olympia WA   | V98504-1129:   |  | Marie Anna Anna Marie Marie   |
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| Faleball                           | . ۵ میدارا سروانکا خست  | Because 5  | tia Chialina   | 1 / 12 2/ 2/ 3   |   |
| 10991 Mi                           | in or make  | y ceples or glu  | ene envel  | OFS, COUNSELO  | of Sulling  |
| Sharld                             | NOT be 9  | illowed to P   | articitate   | -er have a   | WYTHINA I   |
| RePlace                            | by aNO  | HIT CANSELES   | R - 12/10-   | COTT PILO  | 14 UST, 60  |
| SUGGESTED                          | REMEDY: REP   | 10120 - 5 1191   | I CINIO O  | + woowel   | 71/ 500   |
| Bay I                              | 55/A/Catlan   | 196e Sullivan<br>1. Ove to 30.<br>1144 Family Mandator<br>111 good 14M.  | 0.380 VI(3/3) 5<br>VI MM   | Showid be 1919   | 3-17-16   |
|                                    |   |  |  | · · · · · · · · · · · · · · · · · · ·  | Date  |
|                                    | OORDINATOR'S R<br>being returned becaus   |  | Facility/Office  | IMU 3 (2)  |   |
| is not a griev                     | able issue.   |  | ,  | as resolved informally.  | ided (Ose below)  |
|                                    | to withdraw the comp<br>espond to callout (she  |  | 1  | nation and/or rewriting nea<br>working days or by:   | eded. (See below.)  |
|                                    | y Withdrawn   |  | ☐ No rewrite recei   | ved  | ,   |
| ☐ The formal grie                  | 7   | ork is being prepared.   | •  | (facility) on  | (date).   |
| EXPLANATION:                       | You are allowed<br>have 5 active grieva   |  | ween 3/15 and 3/18   |  |   |
|                                    | 16606819, 16606   | 816, 16606814 16606  | iled 9 complaintsto i<br>5821, 16606819, 166   |  | Marine Billi an anna an is innern a san ay an |
|                                    | — and 166<br>In addition you may o  | 00091'   | 6814, 16606830,166   |  |   |
|                                    | during any cal  | ander week.  | 16606825, 1660682  | 4  |   |
|                                    |   |  | and 16606823   |  |   |
|                                    |   |  |  |  |   |
| 47                                 | ENG CEIH  |  |  |  |   |
| Coord Dor's Da                     | Whe Cam   | Coordinator  | s Signature  |  | 3/22/16   |
| DOO OF JOE Frank (                 | Dav. 04/04/44)  |  | Management of the last of the  | 500.040.45   | 6 maa   |